

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee  
(AOTPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Pallone For Congress	<b>Transaction ID:</b> 34026348 <b>Date of Disbursement</b>
Mailing Address PO Box 3176	<div> <div>03</div> <div>23</div> <div>2010</div> </div>
City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution Candidate Name Rep. Frank Pallone, Jr.	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type campaign contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Lois Capps	<b>Transaction ID:</b> 34026349 <b>Date of Disbursement</b>
Mailing Address PO Box 23940	<div> <div>03</div> <div>23</div> <div>2010</div> </div>
City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution Candidate Name Rep. Lois Capps	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type campaign contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Kildee For Congress Committee	<b>Transaction ID:</b> 34026350 <b>Date of Disbursement</b>
Mailing Address P.O. Box 317	<div> <div>03</div> <div>23</div> <div>2010</div> </div>
City Flint State MI Zip Code 48501	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution Candidate Name Rep. Dale E. Kildee	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type campaign contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....